

## **MUSKEGON TOWNSHIP VETERANS MEMORIAL AND WALL OF HONOR**

## **ORDER FORM**

Veterans Full Name:			
Rank or Rate:		Branch of	f Service:
Years of Service:	through	Special ac	dditions (MIA, POW, KIA, additional
Ranks and Branches of Service):			
Order Date:			
Your Name:			
Street Address:			Apt. #
City:		State:	Zip:
Phone No.: ()		_Alternate: (	)
Email Address:			
Preferred date of namep	late placement:		
$\square$ I would like to contribution and Wall of Honor. $\square$ No			skegon Township Veterans Memorial
Township Department of	Public Works as time a therwise arranged. Mus	ind weather permit skegon Township is	ship Veterans Memorial by the Muskegon ts. The Township will add nameplates 2 to s not responsible for stolen or vandalized
MUSKEGON TOWNSHIP EMPLOYEES			
PAYMENT RECEIVED:		_NAMEPLATE ORDE	ERED:
VETERAN STATUS CONFI	RMED:	_DATE OF PLACEME	ENT: